

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-18-03.

### I. DISPUTE

Whether there should be reimbursement for CPT code 01470 rendered on 10-16-02 in the amount of \$450.00.

### II. FINDINGS

The respondent denied reimbursement based upon "Reflex sympathetic dystrophy is not related to compensable injury."

The insurance carrier failed to file a TWCC-21 with the TWCC disputing the extent of injury in accordance with Section 408.027(d); therefore, the disputed services will be reviewed in accordance with the Commission's *Medical Fee Guideline*.

### III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-16-02	01470 (37 min)	\$450.00	\$0.00	E	\$40.00 per unit	Anesthesia GR (I)(A- C) and (VI)	CPT code has RVU of 3. Time = 3 units Total units was 6. Reimbursement of 6 X \$40.00 = \$240.00
TOTAL							The requestor is entitled to reimbursement of <b>\$240.00</b> .

### IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 01470 in the amount of **\$ 240.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$240.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 8<sup>th</sup> day of April 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division